04/14/2006 13:27

Image# 26950041793

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An	Authorized Committee	Office Use Only
1. NAME OF COMMITTEE (in full) USE FEC MA OR TYPE OR	ILING LABEL PRINT Example:If typing, ty over the lines	pe
Citizens for John Olver for Congress		
ADDRESS (number and street) P.O. Box	319	
Check if different		
than previously reported. (ACC) Amherst		MA 01004
2. FEC IDENTIFICATION NUMBER \(\pi\)	CITY A	STATE▲ ZIP CODE ▲ STATE ▼ DISTRICT
C00250860	3. IS THIS X NEW (N)	OR AMENDED MA 01
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports:	(b) 12-Day PRE -Election Report	for the:
X April 15 Quarterly Report (Q1)	Primary (12P)	General (12G) Runoff (12R)
	Convention (12	PC) Special (12S)
July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3)	Election on	in the State of
January 31 Year-End Report (YE)	(c) 30-Day POST -Election Repo	rt for the:
	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 0 1 0 1	2 0 0 6 through	03 31 2006
I certify that I have examined this Report and to the Type or Print Name of Treasurer France	ne best of my knowledge and belief it is tr	ue, correct and complete.
Type of Fillit Name of Treasurer	,	
Signature of Treasurer Electronically Filed by	Francis A. Johnson, Asst. Treas	Date 04 14 2006
NOTE : Submission of false, erroneous, or incom	plete information may subject the persor	n signing this Report to the penalties of 2 U.S.C 437g.
Office Use Only		FEC FORM 3 (Revised 02/2003)

Image# 26950041794

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Citizens for John Olver for Congress ° D 03 From: 0 1 0.1 2006 2006 Report Covering the Period: To: 3 1 **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 43230.00 423611.00 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 43230.00 423611.00 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 21356.48 140673.89 (from Line 17)..... (b) Total Offsets to Operating 0.00 91.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 140582.89 21356.48 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 314263.04 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 1050.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... For further information contact:

> Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 02/2003) Page 3 Write or Type Committee Name Citizens for John Olver for Congress ° D 0 1 2006 03 2006 0 1 Report Covering the Period: From: To: 3 1 **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 34530.00 241835.00 (i) Itemized (use Schedule A)..... 1600.00 26776.00 (ii) Unitemized..... (iii) TOTAL of contributions 36130.00 268611.00 from individuals..... 0.00 0.00 (b) Political Party Committees..... (c) Other Political Committees 7100.00 155000.00 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 43230.00 423611.00 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 91.00 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 1437.18 5309.63 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 44667.18 429011.63

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
7. OPERATING EXPENDITURES	21356.48	140673.89
8. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
9. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of all Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	75000.00	150000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	96356.48	290673.89
III. CASH SUMI	MARY	
23. CASH ON HAND AT BEGINNING OF REPORTIN	NG PERIOD	365952.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, p	page3)	44667.18
5. SUBTOTAL (add Line 23 and Line 24)		410619.52
26. TOTAL DISBURSEMENTS THIS PERIOD (from L	_ine 22)	96356.48
27. CASH ON HAND AT CLOSE OF REPORTING P	FRIOR	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 47 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any pers ne name and address of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress	io nano are acarece or any pontoa committee to	y control cont
Full Name (Last, First, Middle Initial) Ronald Ansin Mailing Address 132 Littleton Road City Harvard FEC ID number of contributing federal political committee. Name of Employer Anwelt Corporation Receipt For: 2006 Primary X General Other (specify)	State Zip Code MA 01451 C Occupation Executive Election Cycle-to-Date 3900.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Ronald Ansin Mailing Address 132 Littleton Road City Harvard FEC ID number of contributing federal political committee. Name of Employer Anwelt Corporation Receipt For: 2006 X Primary General Other (specify)	State Zip Code MA 01451 C Occupation Executive Election Cycle-to-Date 4000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Paul Buttenwieser Mailing Address 200 Marsh Street City Belmont FEC ID number of contributing federal political committee. Name of Employer Self-employed Receipt For: 2006 X Primary General Other (specify)	State Zip Code MA 02478 C Occupation Physician Election Cycle-to-Date 1000.00	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional)		3000.00
TOTAL This Period (last page this line numbe	er only)	

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 6/4/
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 11d
			, ,	12 13a 13b 14 15
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	Citizens for John Olver for Congress			
A.	Full Name (Last, First, Middle Initial) Gerald Chertavian			Date of Receipt
	Mailing Address 95 Irving Street			03 22 2006
	City	State	Zip Code	Transaction ID: 60413.C29252
	Cambridge	MA	02138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1500.00
	Name of Employer	Occupatio	n	Receipt
	Year Up	Executive	e Director	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1500.00	
В.	Full Name (Last, First, Middle Initial) William Cloherty			Date of Receipt
	Mailing Address 447 Nantasket Avenue			03 01 7 9 9 9
	City	State	Zip Code	Transaction ID: 60413.C29224
	<u>Hull</u>	MA	02045	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Self-employed	Occupatio	n	Receipt
		Consulta		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election C	Cycle-to-Date ▼	Sponding (2 3.3.3. Tria(i)/ Tria 1)
	X Primary General Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) John Cogan			Date of Receipt
	Mailing Address 975 Memorial Drive, 80	02		03 01 2006
	City	State	Zip Code	Transaction ID: 60413.C29232
	Cambridge	MA	02138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer WilmerHale	Occupatio	n	Receipt
	WilmerHale	Attorney		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General Other (specify) ▼		1000.00	
s	UBTOTAL of Receipts This Page (optional)			3000.00
Н	OTAL This Period (last page this line number			

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE //4/ (check only one) X 11a 11b 11c 11d 12 13a 13b 14 15
Ar	ny information copied from such Reports and for commercial purposes, other than using t	Statements may	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress		, , ,	
Α.	Full Name (Last, First, Middle Initial) Timothy Dibble Mailing Address 42 Nashoba Road City Concord FEC ID number of contributing federal political committee. Name of Employer Alta Communications	State MA C Occupation Managing		Date of Receipt M M
	Receipt For: 2006 X Primary General Other (specify) ▼		Sycle-to-Date ▼ 1500.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) George Duncan Mailing Address 710 Andover Street			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lowell	State MA	Zip Code 01852	Transaction ID: 60413.C29235
	FEC ID number of contributing federal political committee.	C	01832	Amount of Each Receipt this Period 250.00
	Name of Employer Enterprise Bank Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Chairmal Election C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C.	Full Name (Last, First, Middle Initial) Michael Ellenbogen Mailing Address 2 Plainview Rd	•		Date of Receipt
	City	State	Zip Code	0 3 1 3 2 0 0 6 Transaction ID: 60413.C29236
	Wayland	MA	01778	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Reveal Imaging Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Presiden Election C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			2250.00
 -	OTAL This Period (last page this line numb	er only)		

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/4/
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	Citizens for John Olver for Congress			
۹.	Full Name (Last, First, Middle Initial) James Fabiani			Date of Receipt
	Mailing Address 1101 Pennsylvania Ave	Ste 700		03 01 2006
	City	State	Zip Code	Transaction ID: 60413.C29233
	Washington	DC	20004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		2100.00
	Name of Employer Fabiani & Co.	Occupation	1	Receipt
	Fabiani & Có.	Principal		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	1 1	2100.00	
	Other (specify) ▼			
3.	Full Name (Last, First, Middle Initial) Peter Franchot			Date of Receipt
	Mailing Address 7111 Sycamore Avenue	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	City	State	Transaction ID: 60413.C29257	
	Takoma Park	MD	20912-4634	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Maryland House of Delegat-	Occupation	1	Receipt
	es	Delegate		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.3.0. 441a(i)/441a-1)
	X Primary General Other (specify)	, ,	250.00	
	Other (specify) •	0 0		
Э.	Full Name (Last, First, Middle Initial) Joshua Goldman			Date of Receipt
	Mailing Address P.O. Box 266			01 12 7 9 9 9
	City	State	Zip Code	Transaction ID: 60120.C29212
	Montague	MA	01351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Australis Aquaculture LLC	Occupation	า	Receipt
	·		e Director	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.5.0. 44 ra(1)/44 ra-1)
	X Primary General	-	500.00	
	Other (specify) 🔻			
s	UBTOTAL of Receipts This Page (optional)			2850.00
_	OTAL Tide Desired (feet 1997)	-1.)		
т	OTAL This Period (last page this line number of	niv)		

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 9 / 47
	EMIZED RECEIPTS		or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 11d
				12 13a 13b 14 15
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Ν	NAME OF COMMITTEE (In Full)			
	Citizens for John Olver for Congress			
A.	Full Name (Last, First, Middle Initial) Matthew Gorman			Date of Receipt
	Mailing Address 4851 Bayard Blvd		7.0.	03 01 2006
	City	State	Zip Code	Transaction ID: 60413.C29230
	Bethesda	MD	20816	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Fabiani & Co.	Occupation	1	Receipt
	Fabiani & Có.	Business	Developer	Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	tycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	-	1000.00	7
	Other (specify)	0 0	1000.00	
	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 104 Irving Street	01-1-	7'- O-1-	03 13 2006
	City	State	Zip Code	Transaction ID: 60413.C29251
	Cambridge	MA	02138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		400.00
	Name of Employer Self-employed	Occupation	1	Receipt
		Writer		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	sycle-to-Date ▼	Opending (2 0.0.0. 44 ra(1)/44 ra 1)
	Primary X General Other (specify) ▼		1900.00	
<u> </u>	Full Name (Last, First, Middle Initial) Lee Halprin			Date of Receipt
	Mailing Address 104 Irving Street			03 13 2006
	City	State	Zip Code	Transaction ID: 60413.C29237
	Cambridge	MA	02138	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		600.00
	Name of Employer	Occupation	1	Receipt
	Self-employed	Writer		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		0500.00	1
	Other (specify) ▼	0 0	2500.00	
s	UBTOTAL of Receipts This Page (optional)	1		2000.00
	OTAL This Period (last page this line numbe			

S	CHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/4/
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 11d
•			Detailed Summary Page	X 11a 11b 11c 11d 12 12 13a 13b 14 15
Ar	ny information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	Citizens for John Olver for Congress			
۹.	Full Name (Last, First, Middle Initial) Robert Henderson			Date of Receipt
	Mailing Address 505 Tremont Street, Un	it 505		03 24 2006
	City	State	Zip Code	Transaction ID: 60413.C29258
	Boston	MA	02116	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer	Occupation	 n	Receipt
	Greylock Partnership	Managin		Limit Increased Due to Opponent's
	Receipt For: 2006		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General		1000.00	1
	Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Morris Housen			Date of Receipt
	Mailing Address 47 E. Main Street			M M / D D / Y Y Y Y
	P.O. Box 38	03 31 2006		
	City	State	Zip Code	Transaction ID: 60413.C29269
	Erving	MA	01344	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Erving Industries, Inc.	Occupation	n	Receipt
	Erving industries, inc.	COO		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 0.5.0. 44 ra(1)/44 ra-1)
	X Primary General	, · ·	1000.00	
	Other (specify)	0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) J. Atwood Ives			Date of Receipt
	Mailing Address 17 W. Cedar Street			03 01 2006
	City	State	Zip Code	Transaction ID: 60413.C29227
	Boston	MA	02108	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer Eastern Enterprises	Occupation	n	Receipt
	Eastern Entérprises	CEO		Limit Increased Due to Opponent's
	Receipt For: 2006	Election C	Cycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
	X Primary General	-	1000.00	
	Other (specify)	0 0	1000.00	
s	UBTOTAL of Receipts This Page (optional)			3000.00
_				
т	OTAL This Period (last page this line number o	nlv)	•	

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11/4/
TEMIZED RECEIPTS		or each category of the	(check only one)
TEMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 11d 12 12 13a 13b 14 15
Any information copied from such Reports and S	Statements may	not be sold or used by any perso	
or for commercial purposes, other than using the	e name and add	ress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Citizens for John Olver for Congress			
/			
Full Name (Last, First, Middle Initial) 1. Patricia Jacoby			Date of Receipt
Mailing Address 7 Greenough Avenue			M M / D D / Y Y Y Y
			03 01 2006
City	State	Zip Code	Transaction ID: 60413.C29223
Cambridge	MA	02139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer	Occupation	1	Receipt
Name of Employer Boston Mus. of Fine Arts		of Development	Limit Increased Due to Opponent's
Receipt For: 2006		ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	1 1	250.00	
Other (specify)	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. John Keith	•		Date of Receipt
Mailing Address 88 Wharf Street, Unit	602		M M / D D / Y Y Y Y
	03 13 2006		
City	State	Zip Code	Transaction ID: 60413.C29239
<u>Milton</u>	MA	02186	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
<u> </u>			Receipt
Name of Employer Keith Properties	Occupation		· ·
Receipt For: 2006	President	ycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	LIECTION	ycie-to-date ¥	
Other (specify)		500.00	
Full Name (Last, First, Middle Initial) Thomas Kiley			Date of Receipt
Mailing Address 159 Monroe Road			M M / D D / Y Y Y Y
			01 26 2006
City	State	Zip Code	Transaction ID: 60413.C29215
Quincy	MA	02169	Amount of Each Receipt this Period
FEC ID number of contributing	С		500.00
federal political committee.			Passint
Name of Employer Cosgrove, Eisenberg & Kil-	Occupation	1	Receipt
ey	Attorney	l. 1. D.1. =	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 X Primary General	Election C	ycle-to-Date ▼	, , , , ,
Other (specify)		500.00	
			1250.00
SUBTOTAL of Receipts This Page (optional)		>	1230.00
TOTAL This Period (last page this line number	only)		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 4 / (check only one) X
Ar	ny information copied from such Reports and S for commercial purposes, other than using the	Statements may	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress		71	
Α.	Full Name (Last, First, Middle Initial) Charles Kojabashian Mailing Address 4 Green Meadow Lane City Hudson FEC ID number of contributing federal political committee. Name of Employer Foster-Miller	State MA C Occupatio Chairma	n & CEO	Date of Receipt M M
	Receipt For: 2006 X Primary General Other (specify)	Election C	cycle-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Jonathan Larsen Mailing Address 565 West End Avenue City State Zip Code			Date of Receipt M M
	New York FEC ID number of contributing federal political committee.	NY C	10024	Amount of Each Receipt this Period 1000.00
	Name of Employer Cambridge College Receipt For: 2006 X Primary General Other (specify) ▼	Occupation Board Medical Election C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C.	Full Name (Last, First, Middle Initial) Alan Leventhal Mailing Address Beacon Capital Partne 1 Federal Street 26tl	ers n Floor		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 60413.C29220
	Boston FEC ID number of contributing federal political committee.	C	02110	Amount of Each Receipt this Period 1000.00
	Name of Employer Beacon Capital Partners Receipt For: 2006 X Primary General Other (specify) ▼		n g Partner cycle-to-Date ▼	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			3000.00
Т	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/4/		
TEMIZED RECEIPTS	or each category of the	(check only one) X 11a 11b 11c 11d		
	Detailed Summary Page	12 13a 13b 14 15		
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any pe ame and address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)				
Citizens for John Olver for Congress				
Full Name (Last, First, Middle Initial) Joyce Linde		Date of Receipt		
Mailing Address 265 Country Drive		03 / 01 / 2006		
City Weston	State Zip Code MA 02493	Transaction ID: 60413.C29229 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	1000.00		
Name of Employer Self-employed	Occupation Homemaker	Receipt Limit Increased Due to Opponent's		
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	Spending (2 U.S.C. 441a(i)/441a-1)		
Full Name (Last, First, Middle Initial) Alexis Malozemoff		Date of Receipt		
Mailing Address 37 Walnut Street				
City Lexington	State Zip Code MA 02421-8219	Transaction ID: 60413.C29265 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	240.00		
Name of Employer American Superconductor	Occupation Exec. Vice President	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 240.00	Cpc. raing (2 0.0.0. 4.14(1)/4.14 1)		
Full Name (Last, First, Middle Initial) John McQuillan		Date of Receipt		
Mailing Address 254 Commonwealth Ave	enue	02 10 2006		
City	State Zip Code	Transaction ID: 60413.C29216		
Boston	MA 02116	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	Receipt		
Name of Employer Triumvirate Environmental	Occupation CEO	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
Receipt For: 2006 X Primary General Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00			
SUBTOTAL of Receipts This Page (optional)		2240.00		
TOTAL This Period (last page this line number or	nly)	<u> </u>		

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 47 (check only one) X 11a 11b 11c 11d 11d 12 13a 13b 14 15			
Any or fo	r information copied from such Reports and S or commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
١.	NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress						
A. [Full Name (Last, First, Middle Initial) Richard Mintz Mailing Address 63 Atlantic Ave. City Boston FEC ID number of contributing rederal political committee. Name of Employer Mintz Levin et al Receipt For: 2006 X Primary General Other (specify)	State MA C Occupation Attorney Election C	Zip Code 02110-3716 01 10 10 10 10 10 10 10 10 10 10 10 10	Date of Receipt M M D D Z Z D G			
3. : 	Full Name (Last, First, Middle Initial) Susan Paine Mailing Address 90 Brattle Street City Cambridge FEC ID number of contributing rederal political committee. Name of Employer Boston Mus. of Fine Arts Receipt For: 2006 X Primary General Other (specify)		Zip Code 02138 n of the Board cycle-to-Date 1000.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
C. 1	Full Name (Last, First, Middle Initial) William Ribich Mailing Address 18 Revere Street City Lexington FEC ID number of contributing rederal political committee. Name of Employer Foster-Miller Receipt For: 2006 Primary X General Other (specify)	State MA C Occupation President Election C		Date of Receipt M M			
SU	SUBTOTAL of Receipts This Page (optional)						
тс	TAL This Period (last page this line number	only)					

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 4 / (check only one) X
Ar or	ny information copied from such Reports and for commercial purposes, other than using the	Statements may	y not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress			
Α.	Full Name (Last, First, Middle Initial) William Ribich Mailing Address 18 Revere Street			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lexington	State MA	Zip Code 02420	Transaction ID: 60413.C29243 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Foster-Miller	Occupation Presiden		Receipt Limit Increased Due to Opponent's
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	Sycle-to-Date ▼ 3000.00	Spending (2 U.S.C. 441a(i)/441a-1)
В.	Full Name (Last, First, Middle Initial) Abby Rockefeller Mailing Address 104 Irving Street			Date of Receipt 0 3 1 3 2 0 0 6
	City Cambridge	State MA	Zip Code 02138	Transaction ID: 60413.C29246 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		400.00
	Name of Employer Clivus Multrum, Inc. Receipt For: 2006 Primary X General Other (specify) ▼	Occupation President Election C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
C.	Full Name (Last, First, Middle Initial) Abby Rockefeller Mailing Address 104 Irving Street	•		Date of Receipt
	Mailing Address 104 Irving Street City	State	Zip Code	0 3 1 3 2 0 0 6 Transaction ID: 60413.C29245
	Cambridge FEC ID number of contributing federal political committee.	MA C	02138	Amount of Each Receipt this Period 600.00
	Name of Employer Clivus Multrum, Inc. Receipt For: 2006 X Primary General Other (specify) ▼	Occupation President Election C		Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
s	UBTOTAL of Receipts This Page (optional)			1100.00
_	OTAL This Period (last page this line number	er only)		

SCHEDULE A (FEC Form 3			Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 47							
	EMIZED RECEIPTS		or each category of the	(check only one)							
• • • • • • • • • • • • • • • • • • • •	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 11d							
				12 13a 13b 14 15							
Ar or	y information copied from such Reports and for commercial purposes, other than using th	Statements may e name and add	not be sold or used by any persolates of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.							
Λ	NAME OF COMMITTEE (In Full)										
\geq	Citizens for John Olver for Congress										
A.	Full Name (Last, First, Middle Initial) M. A. Rogers			Date of Receipt							
	Mailing Address 540 Chestnut Hill Ave			03 / 01 / 2006							
	City	State	Zip Code	Transaction ID: 60413.C29225							
	Brookline	MA	02445	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		500.00							
	Name of Employer Boston Mus. of Fine Arts	Occupation	1	Receipt							
	Boston Mus. of Fine Arts	Museum	Director	Limit Increased Due to Opponent's							
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)							
	X Primary General		500.00	7							
	Other (specify) ▼	0 0	300.00								
В.	Full Name (Last, First, Middle Initial)			Data of Bassint							
Ь.	Steven Ruggieri Mailing Address 10 Kidder Lane			Date of Receipt							
	Mailing Address 10 Kidder Lane	03 22 2006									
	City	State	Zip Code	Transaction ID: 60413.C29255							
	Southborough	MA	01772-1831	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1000.00							
	Name of Employer	Occupation	<u> </u>	Receipt							
	Foster-Miller'		Vice President	Limit Increased Due to Opponent's							
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)							
	X Primary General	1	1000.00	1							
	Other (specify) ▼		1000.00								
C.	Full Name (Last, First, Middle Initial) Gopal Samavedam			Date of Receipt							
	Mailing Address 24 Jarman Road			03 13 2006							
	City	State	Zip Code	Transaction ID: 60413.C29247							
	Sudbury	MA	01776	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C		1000.00							
Name of Employer Foster-Miller		Occupation	1	Receipt							
	Foster-Miller	Vice Pres		Limit Increased Due to Opponent's							
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)							
	X Primary General	1	1000.00	7							
	Other (specify) ▼	1									
s	UBTOTAL of Receipts This Page (optional) .			2500.00							
	OTAL This Period (last page this line numbe										

SCHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 17 / 47								
•		,	Use separate schedule(s) or each category of the	(check only one)								
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 11d								
				12 13a 13b 14 15								
Ar	y information copied from such Reports an	d Statements may	not be sold or used by any pers	on for the purpose of soliciting contributions								
or		the name and add	dress of any political committee to	o solicit contributions from such committee.								
	NAME OF COMMITTEE (In Full)											
	Citizens for John Olver for Congres	S										
	Full Name (Last, First, Middle Initial)											
A.	John Sanders			Date of Receipt								
	Mailing Address 1065 Concord Road	t		03 13 Y Y Y Y Y Y Y								
	City	State	Zip Code									
	City Sudbury	MA	01776	Transaction ID: 60413.C29248								
	•	IVIA	01770	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		500.00								
	·			Receipt								
	Name of Employer Reveal Imaging	Occupation		· •								
		Vice Pres		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)								
	Receipt For: 2006 X Primary General	Election C	Sycle-to-Date ▼									
	Other (specify)		500.00									
	Carlor (Specify)	0 0										
	Full Name (Last, First, Middle Initial)											
В.	Roger Servison			Date of Receipt								
	Mailing Address 59 Codman Lane			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y								
	0::		7: 0 1	03 01 2006								
	City	State	Zip Code	Transaction ID: 60413.C29228								
	Brookline	MA	02445	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		1000.00								
	rederal political committee.			Descipt								
	Name of Employer Fidelity Investments	Occupation	n	Receipt								
	·	Chairma		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)								
	Receipt For: 2006	Election C	Sycle-to-Date ▼	Opending (2 0.0.0. 44 ra(i)/44 ra 1)								
	X Primary General Other (specify) ▼		1000.00									
	Other (specify)	0 0		_								
_	Full Name (Last, First, Middle Initial)	L										
C.				Date of Receipt								
	Mailing Address 31 Hawk Feather Ci	ircle		03 29 2006								
	City	State	Zip Code									
	Madison	WI	53717	Transaction ID: 60413.C29266 Amount of Each Receipt this Period								
		VVI	33717	Amount of Each Neceipt this Period								
	FEC ID number of contributing federal political committee.	C		280.00								
				Receipt								
Name of Employer American Superconductor		Occupation		<u>'</u>								
		VP & Ge		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)								
	Receipt For: 2006 X Primary General	Election C	cycle-to-Date ▼									
	Other (specify)		280.00									
				-								
Г												
s	UBTOTAL of Receipts This Page (optional	l)		1780.00								
\vdash				_								
T	OTAL This Period (last page this line numl	ber only)										

SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18/4/
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 11d 12 13a 13b 14 15
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	ress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
Citizens for John Olver for Congress			
Full Name (Last, First, Middle Initial) A. Scott Tominovich			Date of Receipt
Mailing Address 1106 Maple Avenue			03 01 2006
City	State	Zip Code	Transaction ID: 60413.C29231
Annapolis	MD	21401-3330	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Fabiani & Co.	Occupation	1	Receipt
Fabiani & Co.	Lobbyist		Limit Increased Due to Opponent's
Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify)	' '	1000.00	
Cities (specify)	0 0	0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) 3. William Traynor			Date of Receipt
Mailing Address 35 Blake Street			01 20 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 60120.C29213
Cambridge	MA	02140-1301	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		1000.00
Name of Employer Lawrence Community Works	Occupation	1	Receipt
	Executive		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 X Primary General	Election C	ycle-to-Date ▼	Sponding (2 steller ready)
Other (specify)	' '	1000.00	
	0 0	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial) C. Richard Wiesman			Date of Receipt
Mailing Address 21 High Rock Road			03 13 2006
City	State	Zip Code	Transaction ID: 60413.C29250
Wayland	MA	01778	Amount of Each Receipt this Period
FEC ID number of contributing	С		1000.00
federal political committee.			
Name of Employer Foster-Miller	Occupation		Receipt
		e President	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 X Primary General	Election C	ycle-to-Date ▼	
Other (specify)		1000.00	
			1
SUBTOTAL of Receipts This Page (optional)		·····	3000.00
TOTAL This Period (last page this line number of	only)		
	,,		

SCHEDULE A (FEC Form 3)

Other (specify)

PAGE 19 / 47 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress Full Name (Last, First, Middle Initial) Terry Winter Date of Receipt Mailing Address 13014 Ambassador Drive 03 29 2006 City State Zip Code Transaction ID: 60413.C29267 Westborough MA 01581-1086 Amount of Each Receipt this Period FEC ID number of contributing 300.00 C federal political committee. Receipt Name of Employer American Superconductor Occupation Chief Operating Officer Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Gregory Yurek Date of Receipt Mailing Address 199 Daniels Island Rd 0 3 29 2006 City State Zip Code Transaction ID: 60413.C29268 Mashpee MA 02649-3859 Amount of Each Receipt this Period FEC ID number of contributing C 610.00 federal political committee. Receipt Name of Employer American Superconductor Occupation CEO/Chairman of the Board Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Election Cycle-to-Date Receipt For: 2006 X Primary General

610.00

SUBTOTAL of Receipts This Page (optional)	•	910.00
TOTAL This Period (last page this line number only)	•	34530.00

SCHEDULE ITEMIZED F	A (FEC Form 3) RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) 11a 11b X 12 13a	PAGE 20 / 47 11c					
Any information co or for commercial	opied from such Reports and Stapurposes, other than using the i	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of solicitin solicit contributions from su	g contributions ch committee.					
1	MMITTEE (In Full) John Olver for Congress									
Mailing Addres City Washington	s 101 Constitution Avenu er of contributing committee.	State DC C00	cycle-to-Date ▼	Date of Receipt M M M / D D D / D D D D D D D D D D D D	2 0 0 6 20.C29211 eipt this Period 2500.00					
Other (sp			2500.00							
Mailing Addres City Washington	nt PAC	nue NW, S State DC	uite Zip Code 20006-6801	Date of Receipt 0 3 1 3 Transaction ID: 604 Amount of Each Receipt						
Receipt For: X Primary Other (sp	2006 General	Occupation	0171330 n Sycle-to-Date ▼ 1500.00	Receipt Limit Increased Du Spending (2 U.S.C						
Mailing Addres City Washington	1125 17th Street NW	State DC	Zip Code 20036 0029504	Date of Receipt M M M	eipt this Period 2500.00					
Receipt For: X Primary Other (sp	2006 ☐ General Decify) ▼	Election C	cycle-to-Date ▼ 5000.00	Spending (2 U.S.C	. 441a(i)/441a-1)					
SUBTOTAL of R	eceipts This Page (optional)				5500.00					
TOTAL This Per	iod (last page this line number c	only)		. L.						

			FOR LINE NUMBER. BACE of /47							
SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 47 (check only one)							
ITEMIZED RECEIPTS		or each category of the								
		Detailed Summary Page	11a 11b X 11c 11d 11d							
			12 13a 13b 14 15							
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements mag	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions							
1 1 .	Traine and ad-	Gress of any political committee to	Solicit Contributions from Such Committee.							
NAME OF COMMITTEE (In Full)										
Citizens for John Olver for Congress										
Full Name (Last, First, Middle Initial)										
MacDonald Committee			Date of Receipt							
Mailing Address 330 Greenfield Road			M M / D D / Y Y Y Y							
000000000000000000000000000000000000000			01 04 2006							
City	State	Zip Code	Transaction ID: 60120.C29207							
South Deerfield	MA	01373	Amount of Each Receipt this Period							
FEC ID number of contributing			100.00							
federal political committee.	C		100.00							
			Receipt							
Name of Employer	Occupatio		'							
	,	ndidate Committee	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)							
Receipt For: 2006	Election C	Cycle-to-Date ▼								
X Primary General	' '	200.00								
Other (specify)	0 0									
E. H. N. Lander (Land. Effect. NAC-della Lattal)										
Full Name (Last, First, Middle Initial) 3. Nixon Peabody PAC			Date of Receipt							
Mailing Address P.O. Box 31051			M M / D D / Y Y Y Y							
Walling Address F.O. Box 51051			03 22 2006							
City	State	Zip Code	Transaction ID: 60413.C29256							
Rochester	NY	14603	Amount of Each Receipt this Period							
•										
FEC ID number of contributing federal political committee.	C C0	0404178	500.00							
			Receipt							
Name of Employer	Occupatio	n	·							
	.		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)							
Receipt For: 2006	Election C	Cycle-to-Date ▼	Opending (2 0.0.0. 441a(i)/441a 1)							
X Primary General	1	500.00	1							
Other (specify)										
Edition (for Edition 1979)										
Full Name (Last, First, Middle Initial) C. Tercentenary Fund PAC			Date of Receipt							
Mailing Address 1650 Arch Street, 22n	d Floor		M M / D D / Y Y Y Y							
Maining Addition 1050 Arch Street, 2211	u i 1001		02 28 2006							
City	State	Zip Code	Transaction ID: 60413.C29221							
Philadelphia	PA	19103	Amount of Each Receipt this Period							
FEC ID number of contributing										
federal political committee.	C C0	0162719	1000.00							
			Receipt							
Name of Employer	Occupatio	n	· ·							
	1		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)							
Receipt For: 2006	Election C	Cycle-to-Date ▼								
X Primary General		1000.00								
Other (specify)			1							
SUBTOTAL of Receipts This Page (optional)			1600.00							
COSTO INCOMPOSITION AGE (OPTIONAL)			-							
TOTAL This Period (last page this line number	only)		7100.00							

SCHEDULE A (FEC Form 3			FOR LINE NUMBER: PAGE 22 / 47 (check only one)						
ΙTΙ	EMIZED RECEIPTS		or each category of the Detailed Summary Page	11a 11b 11c 11d 12 13a 13b 14 1x 15					
Any or f	y information copied from such Reports and S or commercial purposes, other than using the	tatements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress								
A.	Full Name (Last, First, Middle Initial) Florence Savings Bank Mailing Address 85 Main Street City Florence FEC ID number of contributing federal political committee. Name of Employer	State MA C Occupation		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Receipt For: 2006 X Primary General Other (specify) ▼	Election C	cycle-to-Date ▼ 4422.25	Opending (2 0.0.0. 441a(i)/441a 1)					
3.	Full Name (Last, First, Middle Initial) Florence Savings Bank Mailing Address 85 Main Street City Florence FEC ID number of contributing federal political committee.	State MA	Zip Code 01062-	Date of Receipt Date of Receipt 2 8 2 0 0 6 Transaction ID: 60413.C29271 Amount of Each Receipt this Period 420.79					
	Name of Employer Receipt For: 2006 X Primary General Other (specify) ▼	Occupation C	n Vycle-to-Date ▼ 4843.04	Other Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)					
C.	Full Name (Last, First, Middle Initial) Florence Savings Bank Mailing Address 85 Main Street City Florence FEC ID number of contributing federal political committee. Name of Employer Receipt For: 2006 X Primary General Other (specify)	State MA C Occupation Election C	Zip Code 01062- n Sycle-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
SI	JBTOTAL of Receipts This Page (optional))	1437.18					
TC	OTAL This Period (last page this line number	only)		1437.18					

S	CHEDULE B (FEC Form 3)	FOR LIN				E NUMBER: PAGE 23/47						
	EMIZED DISBURSEMENTS		Use seperate schedule(s) (check only for each category of the									. 23/4/
•	EMIZED DISBURSEMENTS		Summary Page						19 20		19b 21	
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam											
Ν	NAME OF COMMITTEE (In Full)											
/	Citizens for John Olver for Congress											
Α.	Full Name (Last, First, Middle Initial) BCN Telecom d/b/a Norcom, Inc.				Date	of D	isbur	se				
	Mailing Address 40 SE 5th Street, Suite 5	500				$\begin{bmatrix} 0 & 1 & M & M & M & M & M & M & M & M & M$						
	City Boca Raton	Zip Code 33432-			Amou	ınt o	f Eac	h l	Disbur	seme	nt this Period	
	Purpose of Disbursement Telephone			Г	001	Re	efun	d or l	Dis	posal	of Ex	18.29 cess
	Candidate Name			С	ategory/ Type			butio F.R. ₄		Requi 0.53	red U	nder
	Senate President	ement For: Primary Other (sp	General ecify) ▼			TELE	PH	ONE				
	State: District:											
В.	Full Name (Last, First, Middle Initial) BCN Telecom d/b/a Norcom, Inc.	Trans Date				60413 ment	3.E67	775				
	Mailing Address 40 SE 5th Street, Suite 500							/ D	0	8 /	Y	2006
	City Boca Raton	State FL	Zip Code 33432-			Amou	ınt o	f Eac	h I	Disbur	seme	nt this Period
	Purpose of Disbursement Telephone		001					posal				
	Candidate Name		С	ategory/ Type	Contributions Required Under 11 C.F.R. 400.53						nder	
	Office Sought: House Disburs Senate President	ement For: Primary Other (sp	General			TELEPHONE						
	State: District:		7, •									
C.	Full Name (Last, First, Middle Initial) BCN Telecom d/b/a Norcom, Inc.					Trans				60413 ment	3.E67	'87
	Mailing Address 40 SE 5th Street, Suite 5		03 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y									
	City Boca Raton		Amount of Each Disbursement this Period									
	Purpose of Disbursement									21.03		
	Telephone Candidate Name		001 ategory/ Type	C	ontri		ns	posal Requi 0.53				
	Office Sought: House Disburs Senate	ement For: Primary	General		- 76~	TELE	PHONE					
	President State: District:	Other (sp	ecify) 🔻									
s	UBTOTAL of Disbursements This Page (optional)				▶							65.95

0/	CHEDIII E B /EEC Form 2	, ,										
	CHEDULE B (FEC Form 3	-		rate schedule(s)	FOR LINE (check only	NUMBER: PAGE 24 / 47						
IT	EMIZED DISBURSEMENT	'S ∣	for each category of the Detailed Summary Page			X 17						
			Detailed	bullillary Fage		20a 20b 20c 21						
	y Information copied from such Reports a for commercial purposes, other than usin											
\setminus	NAME OF COMMITTEE (In Full)											
\mathbb{Z}	Citizens for John Olver for Congre	SS										
A.	Full Name (Last, First, Middle Initial) Jack Begleiter					Transaction ID: 60413.E6806 Date of Disbursement						
	Mailing Address 28 N. Maple Stre	et #2R				03 M / D 1 5 / Y Y Y O O 6 Y						
	City Hadley		State MA	Zip Code 01035-		Amount of Each Disbursement this Period						
	Purpose of Disbursement		<u></u>	1	004	210.00						
	Printer Repair Candidate Name				001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Senate President		ment For: Primary Other (spec	General cify) ▼		PRINTER REPAIR						
	State: District:											
В.	Full Name (Last, First, Middle Initial) Chase Card Services					Transaction ID: 60413.E6743 Date of Disbursement						
	Mailing Address P.O. Box 15153	$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ Z & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & O & G \end{smallmatrix} \end{bmatrix}$										
	City		State	Zip Code		Amount of Each Disbursement this Period						
	Wilmington	[DE	19886-5153		57.70						
	Purpose of Disbursement CREDIT CARD: SEE BELOW					Refund or Disposal of Excess						
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spec	General		CREDIT CARD: SEE BELOW						
	State: District:		- IIII (- -	···, •								
C.	Full Name (Last, First, Middle Initial) Staples Hadley					Transaction ID: 60413.E6744 Date of Disbursement						
	Mailing Address 125 Westgate Co		$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 1 & M \end{smallmatrix} & \begin{smallmatrix} D & D \\ O & 3 & 1 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix}$									
	City Hadley		State MA	Zip Code 01035-		Amount of Each Disbursement this Period						
	Purpose of Disbursement Office Expense				001	57.70 Refund or Disposal of Excess						
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Senate President		ment For: Primary Other (spec	General cify) ▼		[MEMO ITEM] MEMO: OFFICE EXPENSE						
	State: District:			. ,								
S	UBTOTAL of Disbursements This Page (optional)				267.70						

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	CHEDULE B (FEC Form EMIZED DISBURSEMEN	(check onl	NUMBER: PAGE 25 / 47 y one)			
	y Information copied from such Reports for commercial purposes, other than us					for the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Citizens for John Olver for Cong	ress				
Α.	Full Name (Last, First, Middle Initial) Chase Card Services					Transaction ID: 60413.E6790 Date of Disbursement O 3
	Mailing Address P.O. Box 1515	3				03 / 06 / 2006
	City Wilmington		State DE	Zip Code 19886-5153		Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD: SEE BELOW					925.00 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburse	ement For: Primary Other (spe	General ecify) ▼		CREDIT CARD: SEE BELOW
	State: District:					
В.	Full Name (Last, First, Middle Initial) Kingsmill Resort Mailing Address 1010 Kingsmill	Road				Transaction ID: 60413.E6791 Date of Disbursement M M M D D D D Y Y Y Y O O G Y
	City	:	State VA	Zip Code 23185-		Amount of Each Disbursement this Period
	Williamsburg Purpose of Disbursement Travel		VA	23103-	002	925.00 Refund or Disposal of Excess Contributions Required Under
	Candidate Name	I Diahuma			Category/ Type	11 C.F.R. 400.53 [MEMO ITEM]
	Office Sought: House Senate President	Disburse	ement For: Primary Other (spe	General ▼		MEMO: TRAVEL
	State: District:			· 		
C.	Full Name (Last, First, Middle Initial) Chase Card Services					Transaction ID: 60413.E6788 Date of Disbursement
	Mailing Address P.O. Box 1515	3				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 6 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & 6 \end{smallmatrix} $
	City Wilmington		State DE	Zip Code 19886-5153		Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD: SEE BELOW					52.49 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President	Disburse	ement For: Primary Other (spe	General ecify) ▼		CREDIT CARD: SEE BELOW
_	State: District:					
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	y Information copied for commercial purpo																		
$\overline{\ }$	NAME OF COMMIT	ΓΤΕΕ (In Full)																	
/	Citizens for John	Olver for Congr	ess																
۹.	Full Name (Last, Fir CompUSA	st, Middle Initial)									on ID sburs	_		.E67	89				
									M N	וט ונ ע				Y Y	, Y Y				
	Mailing Address	Mailing Address 15 Holyoke Street								03									
	City			State	Zip Code			Α	mour	nt of	Each	ı D	isburs	emen	t this Period				
	Holyoke	am ant	ľ	MA	01040-			- [52.49				
	Purpose of Disburse Office Expense - To						001	_	Re	fund	d or D	isn	osal d	of Exc					
	Candidate Name					Ca	ategory/ Type		☐ Co	ntrik C.F	oution R. 40	s F 00.	Requir	ed Un	nder				
	Office Sought:	House Senate President		nent For: Primary Other (spe	General cify) ▼			M			TEM] DFFI(EXF	ENS	E - TO-				
	State: D	District:																	
3.	Full Name (Last, Fir Crocker Commun										on ID sburs	_		.E67	47				
	Mailing Address	P.O. Box 710							М 1 ^м	M	D (ว 3ื	/	Ý Ž	006				
	City Greenfield		_	State MA	Zip Code 01302-			A	mour	nt of	Each	ı D	isburs	emen	t this Period				
	Purpose of Disburse Internet Service	ement					001	L	Re	fund	d or D	isp	osal o	of Exc	44.61 ess				
	Candidate Name			ategory/ Type	Contributions Required Under 11 C.F.R. 400.53						nder								
	Office Sought:	House Senate President		nent For: Primary Other (spe	General cify) ▼			IN	ITEF	RNE	T SE	ΞR	VICE	<u>:</u>					
		District:																	
Э.	Full Name (Last, Fir Crocker Commun										on ID sburs	_		.E67	77				
	Mailing Address	P.O. Box 710						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$											
	City Greenfield			State MA	Zip Code 01302-			Α	mour	nt of	Each	ı D	isburs	emen	t this Period				
	Purpose of Disburse			1							44.61								
	Internet Service						001							of Exc					
	Candidate Name						ategory/ Type				oution R. 40			ed Un	nder				
	Office Sought:	House Senate President		nent For: Primary Other (spe	General			IN	ITEF	RNE	T SE	ΞR	VICE	<u> </u>					
	State:	District:																	
s	UBTOTAL of Disbur	sements This Page	(optional)				>								89.22				

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	CHEDULE B (FEC Form 3)	Use seperate schedule(s))	FOR LINE (check only	E NUMBER: PAGE 27 / 47				
IT	EMIZED DISBURSEMENTS	for each category of the		`					
		Detailed Summary Page			X 17 18 19a 19b 20a 20b 20c 21				
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	y Information copied from such Reports and State for commercial purposes, other than using the nar								
\setminus	NAME OF COMMITTEE (In Full)								
/	Citizens for John Olver for Congress								
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: 60413.E6793				
	Crocker Communications, Inc.				Date of Disbursement				
	Mailing Address P.O. Box 710	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
	City Greenfield	State Zip Code MA 01302-			Amount of Each Disbursement this Period				
	Purpose of Disbursement				44.61				
	Internet Service			001	Refund or Disposal of Excess				
	Candidate Name			tegory/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disbur Senate President	sement For: Primary General Other (specify)	•		INTERNET SERVICE				
	State: District:								
В.	Full Name (Last, First, Middle Initial) Sylvia Cuomo				Transaction ID: 60413.E6771 Date of Disbursement				
	Mailing Address 48 Autumn Lane				$\begin{bmatrix}\begin{smallmatrix}M\\01\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\03\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\2006\end{smallmatrix}\end{bmatrix}^Y$				
	City Amherst	State Zip Code MA 01002-			Amount of Each Disbursement this Period				
	Purpose of Disbursement Salary Staff	001	464.21						
	Candidate Name		Са	tegory/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Senate	sement For: Primary General			SALARY STAFF				
	State: President State:	Other (specify)							
C.	Full Name (Last, First, Middle Initial) Sylvia Cuomo				Transaction ID: 60413.E6817 Date of Disbursement				
	Mailing Address 48 Autumn Lane				03 / 15 / 2006				
	City Amherst	State Zip Code MA 01002-			Amount of Each Disbursement this Period				
	Purpose of Disbursement	01002			464.21				
	Salary Staff			001	Refund or Disposal of Excess				
	Candidate Name	tegory/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House Disbur Senate President	sement For: Primary General Other (specify)			SALARY STAFF				
	State: District:								
s	UBTOTAL of Disbursements This Page (optional)		<u> </u>	973.03				

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5	CHEDULE B (FEC Form 3)	Use seperate schedule(s)		IE NUMBER: PAGE 28 / 47				
IT	EMIZED DISBURSEMENTS	for each category of the	(check o	nly one)				
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An	y Information copied from such Reports and S	tatements may not be sold or use	d by any persor	n for the purpose of solicating contributions				
	for commercial purposes, other than using the							
Ν	NAME OF COMMITTEE (In Full)							
$ \rangle$	Citizens for John Olver for Congress							
	Full Name (Last, First, Middle Initial)			Transaction ID: 60413.E6755				
Α.	Erickson and Co.							
	Mailing Address 38 Ivy Street, S.E.	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						
	City Washington	State Zip Code DC 20003-		Amount of Each Disbursement this Period				
		20003		11.87				
	Purpose of Disbursement Fundraising		000					
			003	Refund or Disposal of Excess Contributions Required Under				
	Candidate Name		Category/ Type	11 C.F.R. 400.53				
		bursement For:		FUNDRAISING				
	Senate	Primary General						
	President	Other (specify)						
	State: District:							
_	Full Name (Last, First, Middle Initial)			Transaction ID: 60413.E6780				
В.	Erickson and Co.			Date of Disbursement				
	Mailing Address 20 L OL L O E			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				
	Mailing Address 38 Ivy Street, S.E.	02 21 2000						
	City	State Zip Code DC 20003-		Amount of Each Disbursement this Period				
	Washington							
	Purpose of Disbursement Fundraising		003	30.15 Refund or Disposal of Excess				
	Candidate Name		Category/	Contributions Required Under				
	Sandado Hamo		Type	11 C.F.R. 400.53				
	Office Sought: House Dis	bursement For:		FUNDRAIGING				
	Senate	Primary General		FUNDRAISING				
	President	Other (specify)						
	State: District:							
	Full Name (Last, First, Middle Initial)			Transaction ID: 60413.E6759				
C.	Florence Savings Bank			Date of Disbursement				
	Mailing Address 85 Main Street			01 0 1 0 7 2 0 0 6				
	City	State Zip Code		Amount of Each Disbursement this Period				
	Florence	MA 01062-		923.68				
	Purpose of Disbursement							
	Withholding Staff		001	Refund or Disposal of Excess				
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Dis	bursement For:		WITHIOLDING STAFF				
	Senate	Primary General		WITHHOLDING STAFF				
	President	Other (specify) ▼						
	State: District:							
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	CHEDULE B (FEC Form 3	·	Use sepe	erate schedule(s)	FOR LINE (check onl	NUMBER: PAGE 29 / 47				
ITI	EMIZED DISBURSEMENT	S		category of the Summary Page	_ ` _	X 17 18 19a 19b 20a 20b 20c 21				
	r Information copied from such Reports a or commercial purposes, other than using					for the purpose of solicating contributions olicit contributions from such committee				
\	NAME OF COMMITTEE (In Full)									
	Citizens for John Olver for Congre	SS								
۹.	Full Name (Last, First, Middle Initial) Florence Savings Bank Mailing Address 85 Main Street					Transaction ID: 60413.E6760 Date of Disbursement 0 1 2 2 0 0 6				
	Mailing Address 85 Main Street									
	City Florence		State MA	Zip Code 01062-		Amount of Each Disbursement this Period				
	Purpose of Disbursement Unemployment Tax Staff				001	168.00				
	Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President State: District:	Disburser	ment For: Primary Other (spe	General cify) ▼		UNEMPLOYMENT TAX STAFF				
	Full Name (Last, First, Middle Initial)					Transaction ID: 60413.E6761				
3.	Florence Savings Bank					Date of Disbursement				
	Mailing Address 85 Main Street					$\begin{bmatrix} 0 & 1 & M \\ 0 & 1 & M \end{bmatrix} / \begin{bmatrix} 0 & 1 & 0 \\ 1 & 9 \end{bmatrix} / \begin{bmatrix} 1 & 1 & 1 \\ 2 & 1 & 0 \end{bmatrix} $				
	City Florence		State MA	Zip Code 01062-		Amount of Each Disbursement this Period				
	Purpose of Disbursement Income Tax			0.002	001	525.26 Refund or Disposal of Excess				
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate President	Disburser	ment For: Primary Other (spe	General cify) ▼		INCOME TAX				
	State: District:									
_	Full Name (Last, First, Middle Initial) Florence Savings Bank					Transaction ID: 60413.E6766 Date of Disbursement				
	Mailing Address 85 Main Street					01				
	City Florence		State MA	Zip Code 01062-		Amount of Each Disbursement this Period				
	Purpose of Disbursement					42.22				
	Printed Checks Office Candidate Name				001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Senate	Disburser	Primary	General		PRINTED CHECKS OFFICE				
	State: President District:		Other (spe	ecity) 🔻						
sı	JBTOTAL of Disbursements This Page	(optional)				735.48				

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	y Information copied from such Reports and for commercial purposes, other than using t				or the purpose of	solicating contrib	outions			
\vdash	NAME OF COMMITTEE (In Full)									
$ \rangle$	Citizens for John Olver for Congress									
_	Full Name (Last, First, Middle Initial)				Transaction I	D: 60413.E677	<u>'</u> Л			
A.	Florence Savings Bank				Date of Disbur	sement				
	Mailing Address 85 Main Street		02	06 / 2	0 0 6					
	City Florence		Zip Code 01062-		Amount of Eac	ch Disbursement	this Period			
	Purpose of Disbursement Withholding Staff			001	Refund or	Disposal of Exce	823.82 ss			
	Candidate Name		C	Category/ Type		ns Required Und				
	Office Sought: House Senate President	isbursement For: Primary Other (specif	General (y) ▼		WITHHOLDI	NG STAFF				
	State: District:									
В.	Full Name (Last, First, Middle Initial) Florence Savings Bank				Transaction I Date of Disbur	D: 60413.E677 sement	'3			
	Mailing Address 85 Main Street				0 2	28 Y 2	0 0 6			
	City Florence		Zip Code 01062-		Amount of Eac	ch Disbursement				
	Purpose of Disbursement				5.05					
	Bank Charges Candidate Name		C	001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53					
	Office Sought: House E Senate President State: District:	isbursement For: Primary Other (specif	General (y) ▼	<i>y</i> r	BANK CHAR	GES				
	Full Name (Last, First, Middle Initial)									
C.	Florence Savings Bank				Date of Disbur					
	Mailing Address 85 Main Street				03 /	08 / 2	0 0 6			
	City Florence		Zip Code 01062-		Amount of Eac	ch Disbursement	this Period			
	Purpose of Disbursement Withholding Staff			001	Refund or	Disposal of Exce	723.96 ess			
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
	Office Sought: House C Senate President State: District:	isbursement For: Primary Other (specif	General ▼		WITHHOLDI	NG STAFF				
_	otato. District.									

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	y Information copied from such Reports and Stat for commercial purposes, other than using the na				
Λ	NAME OF COMMITTEE (In Full)				
/	Citizens for John Olver for Congress				
<u></u>	Full Name (Last, First, Middle Initial)				Transaction ID: 60413.E6750
A.	Debra Guachione				Date of Disbursement
	Mailing Address 1115 Churchill Street				$\begin{bmatrix} \begin{smallmatrix} M & 1 & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & O \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & O & O & O \\ Y & Z & O & O & O & O \end{bmatrix}$
	City Pittsfield	State Zi	ip Code 11201-		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Staff			001	635.81 Refund or Disposal of Excess
	Candidate Name		C	Category/	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	rsement For:	General		SALARY STAFF
	President	Other (specify			
	State: District:				
В.	Full Name (Last, First, Middle Initial) Debra Guachione				Transaction ID: 60413.E6751 Date of Disbursement
	Mailing Address 1115 Churchill Street		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
	City Pittsfield		ip Code 1201-		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Staff	001	635.81		
	Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	rsement For:	General		SALARY STAFF
	President State: District:	Other (specify	·) ▼		
— С.	Full Name (Last, First, Middle Initial)				Transaction ID: 60413.E6752
C.	Debra Guachione				Date of Disbursement
	Mailing Address 1115 Churchill Street				$\begin{bmatrix} M & M & M \\ O & 1 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & 7 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
	City Pittsfield		ip Code 11201-		Amount of Each Disbursement this Period
	Purpose of Disbursement				100.94
	REIMBURSEMENT: SEE BELOW Candidate Name			Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	rsement For:	General	71	REIMBURSEMENT: SEE BELOW
	President State: District:	Other (specify			
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name														
\setminus	NAME OF COMMITTEE (In Full)														
\rangle	Citizens for John Olver for Congress														
Α.	Full Name (Last, First, Middle Initial) Debra Guachione					Transaction ID: 60413.E6778 Date of Disbursement									
	Mailing Address 1115 Churchill Street								$\begin{bmatrix} \begin{smallmatrix} M & Z & M \\ D & Z & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D & D \\ D & D \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & D & G \end{smallmatrix} \end{bmatrix}$						
	City Pittsfield		Am	ount	of I	Each	n Di:	sburse	men	t this Period					
	Purpose of Disbursement Salary Staff 001										osal of				
	Candidate Name				ategory/ Type				utions R. 40		tequire 53	d Ur	ider		
	Senate President	ement For: Primary Other (spe	General ecify) ▼			SAL	.AR`	Y S	STAF	FF					
	State: District:														
В.	Full Name (Last, First, Middle Initial) Debra Guachione								burse	eme					
	Mailing Address 1115 Churchill Street							_ ′	1	0		Ž	006		
	City Pittsfield	State MA	Zip Code 01201-			Am	ount	of I	Each	n Di:	sburse	men	t this Period		
	Purpose of Disbursement Salary Staff 001										osal of				
	Candidate Name	ategory/ Type				utions R. 40		tequire 53	d Ur	ider					
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General			SAL	.AR`	Y S	STAF	FF					
	State: District:	Other (spi	ecity) 🔻												
С.	Full Name (Last, First, Middle Initial) Debra Guachione					l			n ID:		0413.l	= 67	94		
	Mailing Address 1115 Churchill Street					0 ^M	М	/) 1		Ž	006		
	City Pittsfield	State MA	Zip Code 01201-			Am	ount	of I	Each	ı Di:	sburse	mer	t this Period		
		IVIA	01201-										636.41		
	Purpose of Disbursement Salary Staff Condidate Name				001						osal of lequire		ess		
	Candidate Name Category/ Type								R. 40			<i>a</i> 0,			
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General			SAL	.AR	Y S	STAF	FF					
	State: District:	J 50000 (3pt	○○ y) ▼												
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
Λ	NAME OF COMMITTEE (In Full)				
/	Citizens for John Olver for Congress				
<u></u>	Full Name (Last, First, Middle Initial)				Transaction ID: 60413.E6796
Α.	Debra Guachione				Date of Disbursement
	Mailing Address 1115 Churchill Street	0 3 M / D 1 5 Y Y Y O O 6 Y			
	01.	01-1-	7'- 01-		
	,	State MA	Zip Code 01201-		Amount of Each Disbursement this Period
	Purpose of Disbursement			•	242.97
	REIMBURSEMENT: SEE BELOW Candidate Name			Catanami	Refund or Disposal of Excess Contributions Required Under
	Candidate Name			Category/ Type	11 C.F.R. 400.53
		ment For:			REIMBURSEMENT: SEE BELOW
	Senate President	Primary Other (spec	General		
	State: District:	Other (spec	шу) ▼		
	Full Name (Last, First, Middle Initial)				Transaction ID: 60413.E6798
В.	Pittsfield Postmaster				Date of Disbursement
	Mailing Address 212 Fenn		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ I & O & O & G \end{smallmatrix} \end{bmatrix} $		
		State MA	Zip Code 01201-		Amount of Each Disbursement this Period
	Pittsfield Purpose of Disbursement		118.63		
	Postage	Refund or Disposal of Excess			
	Candidate Name	Category/	Contributions Required Under 11 C.F.R. 400.53		
	Office Sought: House Disburse	ment For:		Туре	[MEMO ITEM]
	Senate	Primary	General		MEMO: POSTAGE
	State: President State:	Other (spec	ify) 🔻		
	State: District: Full Name (Last, First, Middle Initial)				T ID 00440 F070F
C.	Debra Guachione				Transaction ID: 60413.E6795 Date of Disbursement
	Mailing Address 1115 Churchill Street				03 7 2006
	TITS Churchin Street				
		State MA	Zip Code 01201-		Amount of Each Disbursement this Period
	Purpose of Disbursement				636.41
	Salary Staff			001	Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse	ment For:			SALARY STAFF
	Senate	Primary	General		CALACT CHAIL
	State: President State:	Other (spec	шу) ▼		
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s	UBTOTAL of Disbursements This Page (optional) .)	879.38

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	CHEDULE B (FEC Form 3)	Use seperate schedule		FOR LINE (check only	NUMBER: PAGE 34 / 47
IT	EMIZED DISBURSEMENTS	for each category of th Detailed Summary Pag		l `	X 17
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
\rangle	NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress				
Α.	Full Name (Last, First, Middle Initial) F. A. Johnson Mailing Address 669 Westhampton Road				Transaction ID: 60413.E6756 Date of Disbursement M 1 M / D 3 D / Y Y Y O Y 6 Y
		State Zip Code MA 01062-			Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Staff Candidate Name			001 Category/	Refund or Disposal of Excess Contributions Required Under
	Office Sought: House Disburser Senate President	ment For: Primary Gener Other (specify)		Туре	11 C.F.R. 400.53 SALARY STAFF
_	State: District:				
В.	Full Name (Last, First, Middle Initial) F. A. Johnson				Transaction ID: 60413.E6758 Date of Disbursement
	Mailing Address 669 Westhampton Road				$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 1 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Q & G \\ Y & Z & O & Q & G \end{bmatrix} $
		State Zip Code MA 01062-			Amount of Each Disbursement this Period
	Purpose of Disbursement Mileage Travel Candidate Name		002 Category/	Refund or Disposal of Excess Contributions Required Under	
	Office Sought: House Disburser Senate President State: District:	ment For: Primary General Gene	al	Type	11 C.F.R. 400.53 MILEAGE TRAVEL
<u> </u>	Full Name (Last, First, Middle Initial) F. A. Johnson				Transaction ID: 60413.E6757 Date of Disbursement
	Mailing Address 669 Westhampton Road				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & D \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ I & I & I & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ I & I & I & I & I \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ I & I & I & I & I \end{smallmatrix} \end{bmatrix} \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y \\ I & I & I & I & I \end{smallmatrix} \end{bmatrix} \ \ \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ I & I & I & I \end{smallmatrix} \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$
		State Zip Code MA 01062-			Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Staff		Ιг	001	628.27
	Candidate Name			001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary Gener Other (specify)	al		SALARY STAFF
_	State: District:				
s	UBTOTAL of Disbursements This Page (optional)			>	1296.72

SCHEDULE B (FEC Form 3)							FOR LINE	E NUMBER: PAGE 35 / 47						
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	y Information copied from suc for commercial purposes, oth													
Λ	NAME OF COMMITTEE (In	n Full)												
V	Citizens for John Olver	for Congre	ess											
Α.	Full Name (Last, First, Middle Initial) 4. F. A. Johnson									ion ID			678	32
	Mailing Address 669 Westhampton Road								Date of Disbursement 0 2 0 0 1 2 2 0 0 6					
														•
	City Florence			State MA	Zip Code 01062-			Amo	ount o	of Each	Disb	ursem	en	t this Period
	Purpose of Disbursement Mileage Travel 002								Rofur	nd or D	ienoer	ol of E	· vo	67.25
	Candidate Name						ategory/ Type		Contr	ibution F.R. 40	s Req			
	<u></u>	ate ident		nent For: Primary Other (spe	General ecify) ▼			MIL	EAG	E TR/	AVEL			
_	State: District:													
В.	Full Name (Last, First, Midd F. A. Johnson	lle Initial)								ion ID isburs	ement		678	31
	Mailing Address 669 W	/esthampt	on Road					o ^M 2	2 M	/ D) 1	Y	ž	0 0 6
	City Florence			State VIA	Zip Code 01062-			Amo	ount c	of Each	Disb	ursem	en	t this Period
	Purpose of Disbursement Salary Staff						001	L	Pofur	nd or D	icpoc	ol of E	0	628.27
	Candidate Name						ategory/ Type		Contr	ibution F.R. 40	s Req			
	Office Sought: House Sena			nent For: Primary Other (spe	General			SAL	ARY	STA	FF			
	State: District:			(0)	,, ↓									
C.	Full Name (Last, First, Midd F. A. Johnson	lle Initial)								ion ID			678	34
	Mailing Address 669 W	/esthampto	on Road					0 ^M 2	2 M	/ D	0	Y	ž	006
	City Florence			State MA	Zip Code 01062-			Amo	ount c	of Each	Disb	ursem	en	t this Period
	Purpose of Disbursement		<u>'</u>	VIA	01002-					•				23.26
	Mileage Travel					L	002			nd or D				
	Candidate Name						ategory/ Type			F.R. 40		uirea	Un	uer
	Office Sought: House	ate		Primary	General			MIL	EAG	E TR/	AVEL			
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	CHEDULE B (FEC Form 3)	Use seperate s		FOR LINE (check only	
IT	EMIZED DISBURSEMENTS	for each catego Detailed Summ		1 `	X 17
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				
\rangle	NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress				
Α.	Full Name (Last, First, Middle Initial) F. A. Johnson Mailing Address 669 Westhampton Road				Transaction ID: 60413.E6783 Date of Disbursement M 2 M / D 1 D / Y Y Y O Y O O O
	City		Code 062-		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Staff Candidate Name			001 Category/	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary Other (specify)	General	Туре	SALARY STAFF
	State: District:				
В.	Full Name (Last, First, Middle Initial) F. A. Johnson				Transaction ID: 60413.E6801 Date of Disbursement
	Mailing Address 669 Westhampton Road				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
			Code)62-		Amount of Each Disbursement this Period
	Purpose of Disbursement Salary Staff		001	Refund or Disposal of Excess	
	Candidate Name		(Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	nent For: Primary Other (specify)	General ▼		SALARY STAFF
	State: District:				
C.	Full Name (Last, First, Middle Initial) F. A. Johnson				Transaction ID: 60413.E6802 Date of Disbursement
	Mailing Address 669 Westhampton Road				$\begin{bmatrix} \begin{smallmatrix} M & 3 & M \\ 0 & 3 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
			Code)62-		Amount of Each Disbursement this Period
	Purpose of Disbursement			200	8.07
	MileageTravel Candidate Name			002 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburser Senate President	ment For: Primary Other (specify)	General		MILEAGETRAVEL
	State: District:		<u> </u>		
s	UBTOTAL of Disbursements This Page (optional)			<u></u>	1264.61

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	CHEDULE B (FEC Form 3)		erate schedule(s)	FOR LINE (check only		PAGE 37 / 47			
IT	EMIZED DISBURSEMENTS		category of the Summary Page	_ i `	X 17				
		Detailed	Summary rage		20a 20b 20d				
	y Information copied from such Reports and Stator for commercial purposes, other than using the r								
\setminus	NAME OF COMMITTEE (In Full)								
\angle	Citizens for John Olver for Congress								
Α.	Full Name (Last, First, Middle Initial)				Transaction ID: 60413	3.E6804			
Λ.	F. A. Johnson				Date of Disbursement	V · V · V · V			
	Mailing Address 669 Westhampton Ro	03 / 15 /	y yooo						
	City	State	Zip Code		Amount of Each Disburs	sement this Period			
	Florence Purpose of Disbursement	MA	01062-			30.02			
	Mileage Travel			002	Refund or Disposal of				
	Candidate Name			Category/	Contributions Requir				
	Office Sought: House Disb	ursement For:		Туре	11 0.1 .11. 400.00				
	Senate Disb	Primary	General		MILEAGE TRAVEL				
	President	Other (spe	cify)						
	State: District:								
В.	Full Name (Last, First, Middle Initial) F. A. Johnson				Transaction ID: 60413 Date of Disbursement	s.E6803			
	Mailing Address 669 Westhampton Ro	pad			03 15	^Y 2006			
	City	State	Zip Code		Amount of Each Disburs	sement this Period			
	Florence	MA	01062-			628.27			
	Purpose of Disbursement Salary Staff			001	Refund or Disposal of				
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	-	ursement For:	-		SALARY STAFF				
	Senate	Primary	General		0/1L/1111 01/111				
	State: President District:	Other (spe	city) 🔻						
	Full Name (Last, First, Middle Initial)				Transaction ID: 60413	F6762			
C.	Mass. Divn. of Employment Training				Date of Disbursement				
	Mailing Address 19 Staniford Street				$\begin{bmatrix} 0 & 1 & M \\ 0 & 1 & M \end{bmatrix}$	2006			
	City Boston	State MA	Zip Code 02114-		Amount of Each Disburs	sement this Period			
	Purpose of Disbursement					255.00			
	Unemployment Tax Staff			001	Refund or Disposal of				
	Candidate Name			Category/ Type	Contributions Requir 11 C.F.R. 400.53	ed Offder			
	Office Sought: House Disb	ursement For:			UNEMPLOYMENT TA	AX STAFF			
	Senate	Primary Other (and	General		CINCINI LOTIVILINI II	70.01711			
_	State: President District:	Other (spe	ciry) 🔻						
	UBTOTAL of Disbursements This Page (option	nal)				913.29			
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SCHEDULE B (FEC Form 3)		FORLINE	NUMBER: PAGE 38 / 47						
TEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	(check only							
TEMIZED DISDOTISEMENTS	Detailed Summary Page		X 17 18 19a 19b						
			20a 20b 20c 21						
Any Information copied from such Reports and Stater or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full)									
Citizens for John Olver for Congress									
Full Name (Last, First, Middle Initial) Commonwealth of Massachusetts			Transaction ID: 60413.E6745 Date of Disbursement						
Mailing Address P.O. Box 7038			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & I \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ I & O \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & O & O \\ Y & Z & O & O & O \end{bmatrix} $						
City Boston	State Zip Code MA 02204-7038		Amount of Each Disbursement this Period						
Purpose of Disbursement Withholding Staff		001	176.92 Refund or Disposal of Excess						
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		WITHHOLDING STAFF						
Full Name (Last, First, Middle Initial) 3. Commonwealth of Massachusetts			Transaction ID: 60413.E6746 Date of Disbursement						
Mailing Address P.O. Box 7038			0 1 2 6 2 0 0 6						
	7.0.1								
City Boston	State Zip Code MA 02204-7038		Amount of Each Disbursement this Period						
Purpose of Disbursement Office Expense - P.D. 43		001	18.00						
Candidate Name		Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53						
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)		OFFICE EXPENSE - P.D. 43						
Full Name (Last, First, Middle Initial) Commonwealth of Massachusetts			Transaction ID: 60413.E6776 Date of Disbursement						
Mailing Address P.O. Box 7038			$\begin{bmatrix}\begin{smallmatrix}M\\0&2\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\0&6\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\0&6\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\0&0&6\end{smallmatrix}$						
City Boston	State Zip Code MA 02204-7038		Amount of Each Disbursement this Period						
Purpose of Disbursement Withholding Staff		001	157.89 Refund or Disposal of Excess						
Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53						
Office Sought: House Senate President State: District:	ement For: Primary General Other (specify)		WITHHOLDING STAFF						
SUBTOTAL of Disbursements This Page (optional)									
TOTAL This Period (last page this line number only									

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS		Use seperate schedule(s) for each category of the	FOR LINE (check on	NUMBER: PAGE 39 / 47 ly one)
		Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
\rangle	NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress			
Α.	Full Name (Last, First, Middle Initial) Commonwealth of Massachusetts			Transaction ID: 60413.E6792 Date of Disbursement
	Mailing Address P.O. Box 7038	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
	Boston	State Zip Code MA 02204-7038		Amount of Each Disbursement this Period
	Purpose of Disbursement Withholding Staff Candidate Name		001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:	ment For: Primary General Other (specify)	,	WITHHOLDING STAFF
В.	Full Name (Last, First, Middle Initial) Barney (Martin) McElhone			Transaction ID: 60413.E6807 Date of Disbursement
	Mailing Address 15 Paper Street	03 19 7 2006		
	•	State Zip Code MA 01085-		Amount of Each Disbursement this Period
	Purpose of Disbursement Event Entertainment Candidate Name		007 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)		EVENT ENTERTAINMENT
C.	Full Name (Last, First, Middle Initial) Amherst Postmaster			Transaction ID: 60413.E6764 Date of Disbursement
	Mailing Address North Pleasant St. Statio	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
		State Zip Code MA 01002-		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage Office	001	72.00 Refund or Disposal of Excess	
	Candidate Name		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: Senate President State: Disburse Disburse	Primary General Other (specify)		POSTAGE OFFICE
s	UBTOTAL of Disbursements This Page (optional) .			609.66
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	CHEDULE B (FEC Form 3	Use seperate scriedule(s)			FOR LINE (check onli	NUMBER: PAGE 40 / 47
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	y Information copied from such Reports a for commercial purposes, other than using					for the purpose of solicating contributions slicit contributions from such committee
Λ	NAME OF COMMITTEE (In Full)					
\mathbb{Z}	Citizens for John Olver for Congre	ess				
A.	Full Name (Last, First, Middle Initial) Amherst Postmaster					Transaction ID: 60413.E6810
	Annerst Postmaster					Date of Disbursement
	Mailing Address North Pleasant S	St. Station	1			03 7 01 7 2006
	City		State	Zip Code		Amount of Each Disbursement this Period
	Amherst Purpose of Disbursement	ı	MA	01002-		19.80
	Postage Office				001	Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser	ment For:			POSTAGE OFFICE
	Senate		Primary	General		1 GOTAGE GITTIGE
	President State: District:		Other (spe	city)		
	Full Name (Last, First, Middle Initial)					Transaction ID: 60412 F6900
В.	Amherst Postmaster					Transaction ID: 60413.E6809 Date of Disbursement
	Mailing Address North Pleasant S	St. Station	1			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} & \begin{smallmatrix} D & D \\ O & 1 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ O & O & G \end{smallmatrix} $
	City		State	Zip Code		Amount of Each Disbursement this Period
	Amherst	ſ	MA	01002-		168.00
	Purpose of Disbursement Postage				007	Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser	ment For:			POSTAGE
	Senate		Primary	General		TOOTAGE
	State: President District:		Other (spe	сіту) 🔻		
	Full Name (Last, First, Middle Initial)					Transaction ID: 60413.E6812
C.	Amherst Postmaster					Date of Disbursement
	Mailing Address North Pleasant S	St. Station	1			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 6 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & O & O & 6 \end{smallmatrix} \end{bmatrix}$
	City Amherst		State VIA	Zip Code 01002-		Amount of Each Disbursement this Period
	Purpose of Disbursement					702.00
	Postage Campaign Event				007	Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House	Disburser				POSTAGE CAMPAIGN EVENT
	Senate		Primary	General		
	State: President District:		Other (spe	∪iiy) ▼		
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ls	UBTOTAL of Disbursements This Page	(optional)				889.80

SCHEDULE B (FEC Form 3) Use seperate schedule				FOR LINE (check only	NUMBER: PAGE 41 / 47
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	y Information copied from such Reports and Statem for commercial purposes, other than using the name				or the purpose of solicating contributions
\rangle	NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress				
Α.	Full Name (Last, First, Middle Initial) Amherst Postmaster Mailing Address North Pleasant St. Station	1			Transaction ID: 60413.E6811 Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City		Zip Code 01002-		Amount of Each Disbursement this Period
	Purpose of Disbursement Postage Office			001	102.00 Refund or Disposal of Excess
	Candidate Name Office Sought: House Disburse	ment For:		Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	Primary Other (spec	General ▼		POSTAGE OFFICE
	State: District:				
В.	Full Name (Last, First, Middle Initial) Slobody Development Corp.				Transaction ID: 60413.E6767 Date of Disbursement
	Mailing Address 479 West Street	$\begin{bmatrix} \begin{smallmatrix} M & M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & O & O & G \end{smallmatrix} \end{bmatrix}$			
	,	State MA	Zip Code 01002-		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent	001	Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General ify) ▼		OFFICE RENT
	State: District:				
C.	Full Name (Last, First, Middle Initial) Slobody Development Corp.				Transaction ID: 60413.E6785 Date of Disbursement
	Mailing Address 479 West Street				$\begin{bmatrix} \begin{smallmatrix} M & 2 & M \\ 0 & 2 & M \end{smallmatrix} & \begin{smallmatrix} I & D & D \\ 0 & 1 & I \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y & Q & O & G \\ \end{smallmatrix} \end{bmatrix}$
		State MA	Zip Code 01002-		Amount of Each Disbursement this Period
	Purpose of Disbursement Office Rent			001	475.00
	Candidate Name			001 Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General		OFFICE RENT
	State: District:				
s	UBTOTAL of Disbursements This Page (optional) .			>	1052.00

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	CHEDULE B (FI		Use sep	erate schedule(s)	FOR LINE (check only	NUMBER:	PAGE 42 / 47	
IT	EMIZED DISBU	IRSEMENT	for each	category of the Summary Page	_ i `		19a 🔲 19b	
				- ago		20a 20b	20c 21	
	y Information copied fron for commercial purposes							
\setminus	NAME OF COMMITTE	, ,						
\mathbb{Z}	Citizens for John Ol		SS					
A.	Full Name (Last, First, Name Slobody Developme					Transaction ID: 604 Date of Disbursemen		
	Mailing Address 47	'9 West Street				03	Y ŽOÕ6	
	City Amherst		State MA	Zip Code 01002-		Amount of Each Disb	ursement this Period	
	Purpose of Disburseme Rent Office	ent			001	Refund or Dispos	475.00	
	Candidate Name				Category/ Type	Contributions Rec 11 C.F.R. 400.53		
		Senate President	Disbursement For: Primary Other (sp	General ecify) ▼		RENT OFFICE		
	State: Distr	rict:						
В.	Full Name (Last, First, N St. Patricks Parade	,				Transaction ID: 604 Date of Disbursemen	t	
	Mailing Address P.	O. Box 871				01 1 2	2006	
	City Holyoke		State MA	Zip Code 01041-		Amount of Each Disb	ursement this Period	
	Purpose of Disbursement Advertising					260.0 Refund or Disposal of Excess		
	Candidate Name				Category/ Type	Contributions Rec		
		House Senate President	Disbursement For: Primary Other (sp	General		ADVERTISING		
	State: Distr	rict:		3 /, \				
C.	Full Name (Last, First, N St. Patricks Parade	,				Transaction ID: 604 Date of Disbursemen		
	Mailing Address P.	O. Box 871				03 06	2006	
	City Holyoke		State MA	Zip Code 01041-		Amount of Each Disb	ursement this Period	
	Purpose of Disburseme	ent			• •		500.00	
	Parade Band Sponsors Candidate Name	hip			007 Category/ Type	Refund or Dispos Contributions Rec 11 C.F.R. 400.53		
		Senate	Disbursement For: Primary Other (on	General		PARADE BAND S	PONSORSHIP	
	State: Distr	President rict:	Other (sp	eciiy) 🔻				
s	UBTOTAL of Disbursem	nents This Page (d	optional)		<u></u>		1235.00	

S	CHEDULE B (FEC Form 3)			EOD LINE	NUMBEE	٠			^^=	40 / 47
		Use seperate schedule((check onl	E NUMBER: PAGE 43 / 47 ly one)						
11	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	;	` -	X 17 20a	_	18 20b	19a 20c	_	19b 21
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam									
\setminus	NAME OF COMMITTEE (In Full)									
$ \rangle$	Citizens for John Olver for Congress									
Α.	Full Name (Last, First, Middle Initial) St. Paul Travelers						Transaction ID: 60413.E6769 Date of Disbursement			
	Mailing Address 1000 Legion Place				01	/	^D 1	^D /	2	2006
	City Orlando	State Zip Code FL 32801-			Amoun	nt of	Each	Disburs	emer	nt this Period
	Purpose of Disbursement Workers Comp Insurance			001	Ref	fund	or Di	sposal o	f Exc	355.00 eess
	Candidate Name		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ategory/ Type			utions .R. 40	Require 0.53	ed Ui	nder
	Senate President	ement For: Primary Genera Other (specify)	1		WORK	KER	S CC	OMP IN	ISUF	RANCE
	State: District:									
В.	Full Name (Last, First, Middle Initial) Staples Hadley				Transa Date of		burse		.E67	770
	Mailing Address 125 Westgate Center Drive					/	0	^D /	Y 2	2006
	City Hadley	State Zip Code MA 01035-			Amoun	nt of	Each	Disburs	emer	nt this Period
	Purpose of Disbursement Office Expense 001					Refund or Disposal of Excess			145.14 cess	
	Candidate Name Category/						Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburse Senate President	ement For: Primary Genera Other (specify) ▼	1		OFFIC	EE	XPE	NSE		
	State: District:	Carior (opeony)								
С.	Full Name (Last, First, Middle Initial) Staples Hadley				Transa Date of			60413.	E68	15
	Mailing Address 125 Westgate Center Drive					/	^D 0	^D /	YZ	2006
	City	State Zip Code			Amoun	nt of	Fach	Dishurs	emer	nt this Period
	Hadley	MA 01035-			7 1110 011			Biobaio	011101	
	Purpose of Disbursement								_	569.08
	Printer Office Candidate Name		L	001 ategory/ Type	Cor	ntrib		sposal o Require 0.53		
	Office Sought: House Disburse Senate	ement For: Primary Genera	_) I	PRINT	ER	OFF	ICE		
	President State: District:	Other (specify) ▼								
	-					-				060.00
S	UBTOTAL of Disbursements This Page (optional)			•					1	069.22

9	CHEDULE B (FEC Form 3)		1				
	•	Use seperate schedule(s) FOR LIN	E NUMBER: PAGE 44 / 47 ly one)			
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(X 17			
	y Information copied from such Reports and Stater for commercial purposes, other than using the nam						
abla	NAME OF COMMITTEE (In Full)						
$\backslash\!\!\!/$	Citizens for John Olver for Congress						
_	Full Name (Last, First, Middle Initial)			Transaction ID: 60413.E6816			
Α.	Staples Hadley	Date of Disbursement					
	Mailing Address 125 Westgate Center Dr	03					
	City	State Zip Code		Amount of Each Disbursement this Period			
	Hadley	MA 01035-		252.90			
	Purpose of Disbursement Office Expense		004	353.80			
	Candidate Name		001 Category/	Refund or Disposal of Excess Contributions Required Under			
	Candidate Name		Type	11 C.F.R. 400.53			
	Senate President	ement For: Primary General Other (specify) ▼		OFFICE EXPENSE			
	State: District:						
В.	Full Name (Last, First, Middle Initial)			Transaction ID: 60413.E6772			
٥.	Verizon			Date of Disbursement			
	Mailing Address 220 Brooks Street	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$					
	City Worcester	State Zip Code MA 01606-		Amount of Each Disbursement this Period			
	Purpose of Disbursement Telephone	001	102.54 Refund or Disposal of Excess				
	Candidate Name	Category/ Type	Contributions Required Under 11 C.F.R. 400.53				
	Office Sought: House Disburs	ement For:	Į.	TELEPHONE			
	Senate	Primary General		TELETTIONE			
	President State: District:	Other (specify)					
	Full Name (Last, First, Middle Initial)						
C.				Transaction ID: 60413.E6786 Date of Disbursement			
	Mailing Address 220 Brooks Street			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$			
	City Worcester	State Zip Code MA 01606-		Amount of Each Disbursement this Period			
	Purpose of Disbursement	WIA 01000-		104.68			
	Telephone	Refund or Disposal of Excess					
	Candidate Name		001 Category/ Type	Contributions Required Under 11 C.F.R. 400.53			
	Office Sought: House Disburs Senate	ement For: Primary General		TELEPHONE			
	President	Other (specify)					
	State: District:	→					
s	UBTOTAL of Disbursements This Page (optional)		>	561.02			

Image# 26950041837

State:

SCHEDULE B (FEC Form 3)

President

District:

FOR LINE NUMBER: PAGE 45/47 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress Full Name (Last, First, Middle Initial) Transaction ID: 60413.E6818 The Wherehouse? Date of Disbursement 30 0 3 2006 Mailing Address 109 Lyman Street City State Zip Code Amount of Each Disbursement this Period Holyoke MA 01040-1314.00 Purpose of Disbursement **Event Catering** 007 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: Disbursement For: House **EVENT CATERING** Senate Primary General

Other (specify)

SUBTOTAL of Disbursements This Page (optional)	>	1314.00
TOTAL This Period (last page this line number only)	—	21065.48

SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 46 / 47 Use seperate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 18 19a 19b **Detailed Summary Page** 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) Citizens for John Olver for Congress Full Name (Last, First, Middle Initial) Transaction ID: 60413.E6748 **DCCC Political Committee** Date of Disbursement o 1 2006 Mailing Address 430 S. Capitol Street, SE City State Zip Code Amount of Each Disbursement this Period Washington DC 20003-25000.00 Purpose of Disbursement Political Contribution Dues 011 Refund or Disposal of Excess Candidate Name Contributions Required Under Category/ 11 C.F.R. 400.53 Type Office Sought: House Disbursement For: 2006 X Primary General Senate President Other (specify) District: State: Full Name (Last, First, Middle Initial) **Transaction ID: 60413.E6749 DCCC Political Committee** Date of Disbursement o^M 1 2006 Mailing Address 430 S. Capitol Street, SE City State Zip Code Amount of Each Disbursement this Period Washington 20003-DC 50000.00 Purpose of Disbursement Excess Campaign Funds 011 Refund or Disposal of Excess Contributions Required Under Candidate Name Category/ 11 C.F.R. 400.53 Type Office Sought: 2006 House Disbursement For:

General

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	75000.00
TOTAL This Period (last page this line number only)	•	75000.00

Senate

District:

State:

President

X Primary

Other (specify)

SCHEDULE D (FEC Form 3) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each numbered line)

PAGE 47 / 47 FOR LINE NUMBER: (check only one)

Χ	9
	10

Excluding Loans

Cidding Loans		, 10				
AME OF COMMITTEE (In Full) itizens for John Olver for Congress						
A. Full Name (Last, First, Middle Initial) of Debto Verizon	Nature of Debt (Purpose): Deposit on phone lines					
Mailing Address 220 Brooks Street						
City State Worcester MA	ZIP Code 01606-					
Outstanding Balance Beginning This Period		Transaction ID: LS				
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period				
0.00	0.00	1050.00				
SUBTOTALS This Period This Page (optional).		1050.00				
TOTALS This Period (last page this line number	only)	1050.00				
TOTALS OUTSTANDING LOANS from Sched	TOTALS OUTSTANDING LOANS from Schedule C (last page only)					
ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	>				